

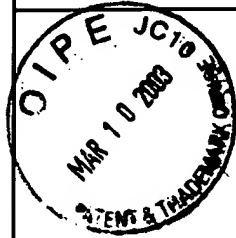
BAKER BOTTS LLP

#13  
Linda

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
A33626 067252.0105

3/25/03



In re Application of Leonard Smith et al.

Application Number 09/611,419

Filed July 6, 2000

For RECOMBINANT VACCINE AGAINST \* see attached

Group Art Unit 1645

Examiner  
Portner, VA

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1))  
☐ Two months (37 CFR 1.17(a)(2))  
☐ Three months (37 CFR 1.17(a)(3))  
☐ Four months (37 CFR 1.17(a)(4))  
☐ Five months (37 CFR 1.17(a)(5))

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- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$\_\_\_\_\_  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record.  
☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

March 7, 2003

Date

PTO Reg No.: 32,300

*Rochelle K. Seide*

Signature

Rochelle K. Seide

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.